



March 5, 2007 COMMITTEE ON PUBLIC HEALTH

Testimony in SUPPORT of Raised Bill 7161, An Act Revising the Definition of Advanced Nursing Practice

Senator Handley, Representative Sayers and Members of the Public Health Committee:

My name is Lynn Rapsilber. I am a nurse practitioner in a specialty practice of gastroenterology. I am also President-Elect of the Connecticut APRN Society. The collaborating agreement has been a detriment to nurse practitioners, their patients, and collaborating physicians. I present here snippets of four real situations in CT. Testimony from two of these APRNs is attached to my own.

Martha Klay is an experienced 20 year nurse practitioner who decided to do solo practice specializing in the care of elderly women with incontinence. For a long time she was unable to secure a collaborating MD. After 6 MDs refused and many months of persistence, she was finally able to secure a collaborating MD. She now has a thriving practice serving 30 local nursing homes, providing a specialty service otherwise unavailable.

Kathy Grimaud runs a community health center serving the uninsured and underinsured in the northwest corner of the state. She employs professional staff and has a written collaborative agreement with a physician. Her entire practice depends on this one physician remaining available. If this collaborating MD should leave, Kathy would be forced to close her doors to hundreds of patients who would most likely flood the emergency rooms. Every day she faces this fear, as she tries to create a stable practice for her patients.

Lisa Haut is a family nurse practitioner who ventured into her own private practice in the Danbury area. She invested many dollars in an office, equipment and staff. She found a collaborating MD who signed a written agreement. She opened her doors only to close a few months later as her collaborating MD severed the agreement leaving her patients to seek care elsewhere.

Kathy Groff is a family nurse practitioner who was hired to open, in Manchester, CT, a satellite of federally qualified community health center. She is the sole provider at this satellite. She sees patients with complex health issues, most with little or no insurance. She has a medical director off site with whom she has a mandated written agreement. If this MD decided not to continue the agreement, Kathy would be forced to close the satellite.

The mandated collaborative agreement hinders our most vulnerable patients from getting the health care they need, and prevents needed access to highly qualified health care providers. Please support Bill No. 7161 and remove this mandated agreement. Thank you.

Lynn Rapsilber, MSN, APRN  
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Senator Hadley, Representative Sayers and Members of the Public Health Committee:

My name is Martha Klay. I am a Nurse Practitioner in solo-practice specializing in the Continence Management of frail senior women living in long term care facilities.

In 2001, after over 20 years of working as an APRN within private practices, I was compelled to venture out on my own in solo-practice. This was precipitated when the private practice, where I had been working for over seven years, decided that they would no longer accept patients with Medicare unless they paid cash for the visit. Additionally I knew that very few specialists ventured into the Long Term Care arena, again due to reimbursement.

I knew that there was a niche for a specialist like myself who desired to work with frail, senior women, in the long term care setting. All I needed according to Connecticut law was a collaborating MD. After all, I had had my Medicare Provider Number and I had identified an underserved population in need of my expertise.

Six different MDs declined collaborative agreement because their malpractice carrier advised against it. Eventually I found a MD who believed my clinical practice was very much needed and who became my collaborating physician.

I am now in the sixth year of my solo practice. I consult in over 30 long term care facilities. I was honored as the Connecticut Nurse Practitioner of the Year for this work. Additionally, I was named "Continence Champion of the Year" by the National Association for Continence. I was also asked to join the faculty at UMass Wrochester to publish research about my practice and the excellent clinical outcomes I have achieved.

I have been very blessed. I feel extremely fortunate. However, looking back it would have been easy for me to give up, particularly after the 6th MD declined to collaborate with me. I strongly hope that this testimony prompts you to reconsider the language requiring collaborating agreements, so that other NPs do not meet with as much resistance as I have. It is for the betterment of patient care that I make this request.

Sincerely,  
Martha Klay, RN, MSN, APRN  
Martha Klay, LLC

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My name is Kathy Groff. I am a family nurse practitioner working in a federally qualified health center. In October 2005, my employer, East Hartford Community Healthcare, hired me to open a satellite community health clinic in Manchester, CT, to serve the needs of the underinsured and underserved in that town. I have been the sole clinician there for over a year now and have developed a thriving practice that is respected in the community. The local Emergency Department routinely refers patients to me because of my reputation for giving quality, culturally-sensitive primary care.

For a variety of reasons, my patients have been without a medical home. They come to my office with complicated conditions like diabetes, high blood pressure, heart disease, and cancer. Through my training as an advanced practice registered nurse, I am confident in my ability to diagnose these illnesses and help restore my patients' health. Though I work alone, I have a written collaborative agreement with the medical director physician in the East Hartford office. I consult with him a couple of times a week to get another opinion on the most complex cases I see. Before I call him, I always have a plan of care that I have developed from my own clinical expertise and research.

Even without a written collaborative agreement, I would continue to collaborate with other health care providers because a second set of ears or eyes can help hone a diagnosis. However, I consult no more frequently than most of my primary care colleagues. Mostly, I work autonomously and have had excellent outcomes, to which many specialists to whom I refer can attest.

I would like the Connecticut Nurse Practice Act to retain the professional practice of collaboration among clinicians. However, I would like to remove the mandate requiring a written collaborative agreement because it is unnecessary. I am responsible for the care I give regardless of any consultation. Yet, this written agreement also makes my collaborative physician, who rarely actually sees my patients, responsible for my care as well.

Numerous studies support that nurse practitioners are excellent clinicians, with outcomes equal to or better than physicians'. I hope the Nurse Practice Act can be updated to reflect the kind of care APRNs are giving and are qualified to give.

Thank you very much for your time and consideration.

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